

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042988

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

6002

Registrar's No.

6135

STATE FILE NUMBER

FILED DEC 14 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Josephs Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas b. COUNTY Johnson

c. CITY OR TOWN Shawnee Mission

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5549 Aberdeen

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Anna

Middle

Stovall

Last

Vesey

4. DATE OF DEATH

Month

December

Day

3

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-31-1875

9. AGE (last birthday)

87 Yrs

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Mississippi

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Dr. W. L. Stovall

13b. MOTHER'S MAIDEN NAME

Mollie Collins

14. NAME OF HUSBAND OR WIFE

John A. Vesey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Elma Vesey Trudeau

Address

5632 Tahoe Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK, ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ 1961 _____, to _____ Dec 3, 62 _____ and last saw her alive on _____ Dec 3, 1962 _____

Death occurred at _____ 3:50 _____ P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

23a. BURIAL INFORMATION, REMOVAL (Specify)

Removal

23b. DATE

12-4-62

23c. NAME OF CEMETERY OR CREMATORY

Oakwood Cemetery

23d. LOCATION (City, town, or county)

Winona, Mississippi

22c. DATE SIGNED

(State)

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

12-4-62

26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

Lyle G. Willis MEDICAL CERTIFICATION

DOCUMENT

VS 300
Rev. 4/59

1

281302

3

4

5

6

7

8

9/533

10

11

12/65-0

13

Dr. Ayle White
W 1 2-1919
15.5 Day Body
12.00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William M. Turner

Licensed Embalmer No.

4648

P. O. Address

St. Louis City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.